



**SHERIFF OF COOK COUNTY
COURT SERVICES DEPARTMENT
SUMMARY PUNISHMENT ACTION REQUEST**

GRIEVANCE NUMBER		

YR. DIV. NUM.

I.S.U. #
(Inspectional Unit Services)

I.A.D. # **SPR09-0267**
(Internal Affairs Division)

AFFECTED MEMBER	NAME (LAST, FIRST, M.I.) Spino, Samuel J.		STAR NUMBER 11055	DATE NOTIFIED 23 Feb 09	
	RANK Deputy Sheriff IIB	FACILITY/UNIT Civil Division - Evictions Unit			
INITIATING SUPERVISOR	NAME (LAST, FIRST, M.I.) Pon, Peter W.		STAR NUMBER 523	DATE OF INCIDENT 17 Feb 09	DATE INITIATED 18 Feb 09
	RANK Deputy Lieutenant	FACILITY/UNIT Civil Division - Warrants/Levies/Evictions			
INDICATE LESS SERIOUS TRANSGRESSION: (reference Summary Punishment General Order) CCSD G.O. 3101.2, IV, B & V, B Attendance and Use of Benefit Time and CCSD G.O. 1375.3, V, A, 2 Absent Without Permission					
REMARKS	On 17 Feb 09, D/S Samuel Spino was in violation of CCSD G.O. 3101.2, IV, B & V, B in that D/S Spino was absent without prior approval (no 3-part form). The circumstances of this violation in accordance with CCSD G.O. 1375.3, V, A, 2; Absent without permission under conditions which did not necessitate an Internal Affairs investigation requires that D/S Spino be docked pay for the date of the infraction.				
RECOMMENDED DISCIPLINARY ACTION					
<input checked="" type="checkbox"/> WRITTEN REPRIMAND <input type="checkbox"/> 1 DAY WITHOUT PAY <input type="checkbox"/> 2 DAYS WITHOUT PAY <input type="checkbox"/> 3 DAYS WITHOUT PAY					
INITIATING SUPERVISOR SIGNATURE & STAR NUMBER					
I have reviewed this S.P.A.R. and I: <input type="checkbox"/> accept the recommended Summary Punishment and waive my right to a hearing. <input type="checkbox"/> do NOT accept the recommended Summary Punishment and request a hearing. <input checked="" type="checkbox"/> do NOT accept the recommended Summary Punishment and request a Grievance procedure.					
AFFECTED MEMBER SIGNATURE & STAR NUMBER:					
<input type="checkbox"/> I concur with the recommended Summary Punishment. <input type="checkbox"/> I do not concur with the recommended Summary Punishment. (See attached To-From Memo)					
FACILITY/UNIT HEAD SIGNATURE & STAR NUMBER:					
DIVISION HEAD SIGNATURE & STAR NUMBER:					
If the Facility/Unit Head makes an alternate recommendation, the initiating supervisor shall complete a new S.P.A.R. form with the alternate recommendation.					
HEARING					
HEARING OFFICER	NAME (LAST, FIRST, M.I.)		STAR NUMBER	HEARING DATE	
	RANK	DIVISION			
Based upon the findings of this hearing I, as the Hearing Officer, make the following determination: <input type="checkbox"/> I concur with the recommended Summary Punishment. <input type="checkbox"/> I do not concur with the recommended Summary Punishment. <input type="checkbox"/> I recommend:					
HEARING OFFICER SIGNATURE & STAR NUMBER:					
<input type="checkbox"/> I accept the recommendation of the Hearing Officer and waive my right to a hearing with the Complaint Review Panel. <input type="checkbox"/> I do NOT accept the recommendation of the Hearing Officer and request a hearing with the Complaint Review Panel.					
AFFECTED MEMBER SIGNATURE & STAR NUMBER:					
FINAL DISPOSITION:					
CHIEF DEPUTY SHERIFF'S SIGNATURE: _____ DATE: _____					